

FORM LM-30

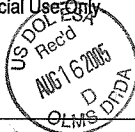
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

E



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7206</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>DANIEL</u> <u>J</u> <u>NAVARRE</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>14747 STONEBERG AVE.</u> City <u>BATON ROUGE</u> State <u>Louisiana</u> ZIP Code + 4 <u>70816</u>	4. Name, file number, and address of labor organization. Name <u>IRONWORKERS LOCAL #623</u> Labor Organization File Number <u>036-842</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>6153 AIRLINE HWY.</u> City <u>BATON ROUGE</u> State <u>Louisiana</u> ZIP Code + 4 <u>70805</u>
5. Position in labor organization. <u>BUSINESS MANAGER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

[Signature]

On

8/8/05
Date

225 357 3262

Telephone Number

Name of Person Filing DANIEL NAVARRE

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ROBEIN, URANN & LURYE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. BOX 6768

Street 2540 SEVERN AVE., STE 400

City METAIRIE

State Louisiana ZIP Code + 4 70009

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

LABOR UNION ATTORNEY FOR IRONWORKERS LOCAL 623 HALL.

11.b. Approximate dollar value of such dealing.

\$3,879

12.a. Nature of interest held or income received.

NO INTEREST HELD NOR INCOME RECEIVED FROM FUND COUNSEL TO THE UNION HALL. LAW FIRM SENT TO MR. NAVARRE A CHRISTMAS GIFT BASKET VALUED AT \$37. THIS GIFT IS NEITHER INCOME NOR INTEREST IN FUND COUNSEL'S LAW FIRM.

12.b. Amount.

\$37

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name JUSTIN NAVARRE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 14747 STONEBERG AVE.

City BATON ROUGE

State Louisiana

ZIP Code + 4 70816

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

YARD MAINTENANCE SERVICES AND CLERICAL SERVICES TO UNION HALL AND ANOTHER ENTITY.

11.b. Approximate dollar value of such dealing.

\$4,800

12.a. Nature of interest held or income received.

JUSTIN NAVARRE, MINOR CHILD OF DANNY NAVARRE, RECEIVED COMPENSATION FOR YARD MAINTENANCE SERVICES AND CLERICAL SERVICES PERFORMED.

12.b. Amount.

\$2,500

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="IRONWORKERS MID-SOUTH PENSION FUND"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text" value="SUITE 517"/></p> <p>Street <input type="text" value="2450 SEVERN AVE., SUITE 517"/></p> <p>City <input type="text" value="METAIRIE"/></p> <p>State <input type="text" value="Louisiana"/> ZIP Code + 4 <input type="text" value="70001"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="IRONWORKERS MID-SOUTH PENSION FUND"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text" value="SUITE 517"/></p> <p>Street <input type="text" value="2450 SEVERN AVE., SUITE 517"/></p> <p>City <input type="text" value="METAIRIE"/></p> <p>State <input type="text" value="Louisiana"/> ZIP Code + 4 <input type="text" value="70001"/></p>	<p>11.a. Nature of such dealing.</p> <p>MR. NAVARRE SERVES AS A UNION TRUSTEE ON THE ERISA PENSION TRUST FUND FOR THE MID-SOUTH IRONWORKERS. AS A UNION TRUSTEE HE ATTENDS TRUST FUND MEETINGS AND EDUCATIONAL SEMINARS. HIS ATTENDANCE REQUIRES TRAVEL COSTS BE INCURRED. MR. NAVARRE IS REIMBURSED</p>
	<p>11.b. Approximate dollar value of such dealing. <input type="text" value="\$2,576"/></p> <p>12.a. Nature of interest held or income received.</p> <p>NO ECONOMIC INTEREST NOR INCOME RECEIVED ONLY REIMBURSED EXPENSES FOR ACTUAL TRAVEL COSTS INCURRED FOR ATTENDANCE AT PERIODIC TRUST FUND MEETINGS. TRAVEL EXPENSES REIMBURSED AS UNION TRUSTEE ON ERISA FUND FOR PERIODIC TRUST FUND MEETINGS.</p> <p>12.b. Amount. <input type="text" value="\$0"/></p>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ROBEIN, URANN & LURYE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. BOX 6768

Street 2540 SEVERN AVE., STE 400

City METAIRIE

State Louisiana ZIP Code + 4 70009

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IRONWORKERS MID-SOUTH PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE 517

Street 2450 SEVERN AVE., SUITE 517

City METAIRIE

State Louisiana ZIP Code + 4 70001

11.a. Nature of such dealing.

FUND LEGAL COUNSEL FOR THE PENSION FUND

11.b. Approximate dollar value of such dealing.

\$106,783

12.a. Nature of interest held or income received.

NO INTEREST NOR INCOME RECEIVED FROM FUND COUNSEL'S LAW FIRM.

12.b. Amount.

\$0

Name of Person Filing DANIEL NAVARRE	File Number U-
--------------------------------------	----------------

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name JUSTIN NAVARRE</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 14747 STONEBERG AVE.</p> <p>City BATON ROUGE</p> <p>State Louisiana ZIP Code + 4 70816</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name IRONWORKERS LOCAL 623 EDUCATION TRAINING TRU</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 6153-B AIRLINE HWY.</p> <p>City BATON ROUGE</p> <p>State Louisiana ZIP Code + 4 70805</p>	<p>11.a. Nature of such dealing.</p> <p>YARD MAINTENANCE SERIVCES TO TRUST FUND AND ANOTHER ENTITY.</p> <p>11.b. Approximate dollar value of such dealing. \$4,800</p> <p>12.a. Nature of interest held or income received.</p> <p>YARD MAINTENANCE SERVICES TOTALING \$ 2,400 PAID TO JUSTIN NAVARRE, MINOR CHILD OF DANIEL J. NAVARRE.</p> <p>12.b. Amount. \$2,400</p>

Name of Person Filing DANIEL NAVARRE	File Number U-
--------------------------------------	----------------

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name ROBEIN, URANN & LURYE</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. BOX 6768</p> <p>Street 2540 SEVERN AVE., STE 400</p> <p>City METAIRIE</p> <p>State Louisiana ZIP Code + 4 70009</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name IRONWORKERS WELFARE PLAN</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any SUITE 517</p> <p>Street 2450 SEVERN AVE., SUITE 517</p> <p>City METAIRIE</p> <p>State Louisiana ZIP Code + 4 70001</p>	<p>11.a. Nature of such dealing.</p> <p>FUND ATTORNEY FOR ERISA WELFARE FUND</p> <p>11.b. Approximate dollar value of such dealing. \$107,083</p> <p>12.a. Nature of interest held or income received.</p> <p>NO INTEREST NOR INCOME RECEIVED FROM FUND COUNSEL'S LAW FIRM.</p> <p>12.b. Amount. \$0</p>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="ROBEIN, URANN & LURYE"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text" value="P.O. BOX 6768"/></p> <p>Street <input type="text" value="2540 SEVERN AVE., STE 400"/></p> <p>City <input type="text" value="METAIRIE"/></p> <p>State <input type="text" value="Louisiana"/> ZIP Code + 4 <input type="text" value="70009"/></p> <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="MID-SOUTH IRON WORKERS DIRECT CONTRI. FD"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text" value="SUITE 517"/></p> <p>Street <input type="text" value="2450 SEVERN AVE., SUITE 517"/></p> <p>City <input type="text" value="METAIRIE"/></p> <p>State <input type="text" value="Louisiana"/> ZIP Code + 4 <input type="text" value="70001"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> <p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"><p>FUND ATTORNEY FOR ERISA DEFINED CONTRIBUTION FUND</p></div> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="\$26,921"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"><p>NO INTEREST NOR INCOME RECEIVED FROM FUND COUNSEL'S LAW FIRM.</p></div> <p>12.b. Amount. <input type="text" value="\$0"/></p>
---	--

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name IRONWORKERS WELFARE PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2450 SEVERN AVE., SUITE 517

City METAIRIE

State Louisiana ZIP Code + 4 70001

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IRONWORKERS WELFARE PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2450 SEVERN AVE., SUITE 517

City METAIRIE

State Louisiana ZIP Code + 4 70001

11.a. Nature of such dealing.

MR. NAVARRE SERVES AS A UNION TRUSTEE ON THE ERISA PENSION TRUST FUND FOR THE MID-SOUTH IRONWORKERS. AS A UNION TRUSTEE HE ATTENDS TRUST FUND MEETINGS AND EDUCATIONAL SEMINARS. HIS ATTENDANCE REQUIRES TRAVEL COSTS BE INCURRED. MR. NAVARRE IS REIMBURSED

11.b. Approximate dollar value of such dealing.

\$31

12.a. Nature of interest held or income received.

NO ECONOMIC INTEREST NOR INCOME RECEIVED ONLY REIMBURSED EXPENSES FOR ACTUAL TRAVEL COSTS INCURRED FOR ATTENDANCE AT PERIODIC TRUST FUND MEETINGS. TRAVEL EXPENSES REIMBURSED AS UNION TRUSTEE ON ERISA FUND FOR PERIODIC TRUST FUND MEETINGS.

12.b. Amount.

\$0

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LONDON BUTLER & CO

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 700 13TH STREET, NW, SUITE 925

City WASHINGTON

State District of Columbia ZIP Code + 4 20005

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IRONWORKERS MID-SOUTH PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2450 SEVERN AVE., STE 517

City METAIRIE

State Louisiana ZIP Code + 4 70001

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

ATTENDED DINNER RECEPTION IN ASSOCIATION WITH
PENSION FUND MEETING.

12.b. Amount.

\$50

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PRINCIPAL CAPITAL MANAGEMENT, LLC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 801 GRAND AVE.

City DES MOINES

State Louisiana ZIP Code + 4 50392-2010

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IRONWORKERS MID-SOUTH PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2450 SEVERN AVE., SUITE 517

City METAIRIE

State Louisiana ZIP Code + 4 70001

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

ATTENDED DINNER RECEPTION IN ASSOCIATION WITH
PENSION FUND MEETING.

12.b. Amount.

\$50

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="OPPNHEIMER CAPITAL CORPORATION"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="1345 AVENUE OF THE AMERICAS, 49TH F"/></p> <p>City <input type="text" value="NEW YORK"/></p> <p>State <input type="text" value="New York"/> ZIP Code + 4 <input type="text" value="10105-4800"/></p> <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="IRONWORKERS MID-SOUTH PENSION FUND"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="2450 SEVERN AVE., SUITE 517"/></p> <p>City <input type="text" value="METAIRIE"/></p> <p>State <input type="text" value="Louisiana"/> ZIP Code + 4 <input type="text" value="70001"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> <p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px;"><p>ATTENDED DINNER RECEPTION IN ASSOCIATION WITH PENSION FUND MEETING.</p></div> <p>12.b. Amount. <input type="text" value="\$50"/></p>
---	--